Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, E. Shawn Ashley, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: E. SHAWN ASHLEY
- Position/Title within Nonprofit: STAFF/DIRECTOR
- Name of Nonprofit Organization: REVITALIZE ARLINGTON
- Address of Nonprofit: 9000 REGENCY SQ. BLVD 32211

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, list the name of the employee(s) and their position with your agency.

N/A

B. Are any members of your Board of Directors in one of these categories?
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: _____

_____

Nature of relationship: _____

_____

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

STATE OF FLORIDA
COUNTY OF Duval

The foregoing instrument was acknowledged before me, by means of [ ] physical presence or [ ] online notarization, this 29 day of August 2025 by E Shawn Ashley as Staff/Director for Revitalize Arlington, who is [✓] personally known to me or [ ] has produced identification and who took an oath.

Type of identification produced: N/A

Notary Public State of Florida
Jocelyn Latrice Gaffney
My Commission HH 503558
Expires 3/13/2028

Notary Public, State of Florida
Print Name: Jocelyn Latrice Gaffney
Commission No. 503558
My Commission Expires: 3/13/2028

*A list of persons in this category will be supplied upon request.